

FEATURE

Depot Cool Room ices victims of summer heat

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The Branch Medical Clinic’s Cool Room may sound like the name of a dance club or maybe even a low-budget movie, but neither could be further from the truth.

In fact, it is a room where personnel aboard the Depot are treated when they fall prey to the ever-present possibility of becoming a heat casualty. With an average of 200-250 heat casualties a year aboard the Depot during the last eight years, this unique room is equipped with several countermeasures to the body losing control of its internal thermometer.

The BMC’s Acute Care Clinic, runs the Cool Room and has this service at the ready when recruits are training. The room is set to the controlled temperature of 65 degrees and is equipped with two bathtubs filled with ice water, cool wet sheets, water misters, 65 degree [intravenous fluids] and knowledgeable doctors and corpsmen to help get the body back on track.

The Cool Room’s ability to help those who can no longer help themselves is proven in the fact that there have been no deaths since 1996, and no one has had to be medically separated due to heat related injuries during that same time.

With all of the strenuous activity aboard the Depot, there are several preventative measures, such as the Hot Standard Operating Procedures, being utilized to keep heat related injuries from occurring. However, the Cool Room is there to counter the effects brought on by sustaining a heat related injury.

“Exertional heat injury occurs when the body’s ability to cool cannot keep up with heat production,” said Lt. Cmdr. Todd May, senior medical officer of the BMC. “The body produces a certain amount of heat and this increases with exercise, as well as gaining heat from the environment.”

Heat is lost by conduction; (direct contact with a cooler object), evaporation, (sweating, convection); wind movement; and radiation (heat waves, just like those from the warm sun).

Evaporation, however, is the most



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**Petty Officer 2nd Class Robert Skibsted fills a bathtub with ice in the Branch Medical Clinic’s Cool Room June 26. The room is kept at a controlled 65 degrees and has cool air, ice water and chilled intravenous fluid bags to help combat the symptoms of exertional heat injuries.**

efficient way for us to cool. The more humidity in the environment, the more difficult it is for evaporation to work.

When the body’s systems fail to properly cool itself, that is when one can fall prey to a heat injury.

“The first time I went into the Cool Room as a recruit, I thought it was a big white room where they were going to submerge me in ice, but it was nothing like I had thought,” said a second time heat casualty who wished to remain anonymous. “I know what it is now because of my previous experience. It is a safe, good thing. It is a positive tool to treat the recruits, drill instructors and permanent personnel aboard the Depot.”

The Cool Room’s methods kick-start the body’s heat regulators from the inside out.

“The Cool Room is a room that is just that, it’s cool,” said May. “During Hot S.O.P., we have two tubs filled with ice and water. They are

ready at a moments notice for any heat casualty who comes in.”

The process begins in the field with the corpsman taking a heat casualty’s temperature.

They will call the BMC and let them know of the patient’s condition and begin the cooling process right then and there. The victim is stripped down to his shorts and t-shirt and has ice bags placed on the groin and under the armpits. Both are areas with the best external access to major blood vessels. They are then brought into the Cool Room and placed on a litter over a bathtub filled with ice and water.

“We will take their temperature again and if it is still above 102.5 degrees, we will then start the process,” said May. “We use every method of cooling that we can in order to cool the body. We have [intravenous fluid] bags hanging in there that are kept at the same temperature as the room, which is about

65 degrees. That first bag runs in really fast and helps to control the body temperature.”

While the [intravenous fluids] are working on the inside, air conditioning keeps cool air blowing across the table, and ice water soaked sheets are pulled over the body to work on the outside.

“We bring the ice and water on top of the sheet,” said Petty Officer 2nd Class Robert Skibsted, leading petty officer of the Acute Care Center. “Usually someone that is treating the person, will have a spray mister filled with the water from the tub and they will mist their head keeping that cool.”

The corpsmen will also massage the legs to keep the blood flowing.

“The last thing you want to do is put something so cold on the outside, that the body shuts down circulation in the skin,” said May. “If it is too cold, too fast, the heat will then remain on the inside and further cook the body.

This is a slow process, but we can drop the temperature about a quarter of a degree per minute. Which is actually quite fast compared to other treatments.”

“This process of cooling started in about 1996, as a result of studies that had been done as far back as 1988,” said May. “We were looking at heat injuries and how they can be prevented, and then, how they can best be treated when someone gets them.

The recruits should be drinking about 10 - 12 canteens a day,” continued May. “You want to drink one quart an hour for every hour that you are doing something strenuous. For permanent party Marines, the best thing that they can do is weigh themselves before and after an exercise bout, and then drink enough water to gain back the weight that they lost.”

That kind of preparation can save lives and prevent any unwanted injuries.

“Anytime they come to the clinic or the Battalion Aid Station, somebody will say, ‘How much water did you drink today,’ or, ‘Are you maintaining hydration,’” said Skibsted. “Regardless of whether they are there for a cold, a sore throat or whatever, I tell my guys to always stress that.”

Preparation and understanding the reasons why can lead to an individual not having to make a trip to the Cool Room.

“Prevention is the key,” said May. “This is done by slowly increasing the exposure to the heat and humidity. If the activity is longer than an hour, then add sports drinks to the hydration mix. Avoiding excessive caffeine and alcohol will help as they only add to dehydration. Also as our bodies fight illness, we develop a fever and may dehydrate as our body fights off an infection, so use caution exercising when ill.”

May, also encourages personnel to pay close attention to the flag conditions and follow the hot S.O.P.

“According to the Marine Corps order no one is supposed to be exercising under black flag conditions with the exception of the crucible,” said May.

It all comes right down to recognizing our limits and exercising caution when testing them.

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“If someone came into the E.R. with an emergency, they would be sent to Beaufort Memorial,” said Lt. John Haymore, department head for the NHB emergency room. “This is done for the patient’s safety, to make sure that we don’t get caught in a bad situation.”

Haymore added that anyone who walks in with a major medical problem will still be seen, but will then be transferred to where the individual can get better care.

Although some of the services may be briefly interrupted at the hospital, it will greatly benefit future patients. Almost any fear that an outage could occur while in a critical situation will be eliminated due to extra generators and the updates to the electrical system.

“We are in the process of replacing the medium voltage electrical distribution system for a network which has been in place since the hospital was built back in the ‘40s,” said Lt. Isabelle Detter, Public Works officer, NHB. “It is being done to prevent accidental outages in the future. There will probably be no noticeable difference, except that there will be less of a chance of unexpected, unplanned outages.”

There are several support systems in place from the Beaufort Memorial Hospital and the Branch Medical Clinic.

“I very much appreciate the cooperation we have experienced between the Naval Hospital Beaufort, Beaufort Memorial Hospital and other community agencies,” said Capt. James R. Hoffower, commanding officer, NHB. “It allows us to provide uninterrupted high quality services during our renovation period.”

With the security blanket in place, the NHB can breathe easily while moving on with the renovations to the hospital.

“Our patients can be assured that they will be receiving their

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care in a facility that is made safer through the upgrades made to an aged electrical grid system on the hospital compound,” said Hoffower. “The electrical outages are part of a project being undertaken to address deficiencies associated with an aging facility. Upgrades to the electrical system will result in a safer, more efficient environment in which to deliver health care services.”

The NHB staff urges anyone who feels that they may have an emergency to call 911 or go to the nearest hospital emergency room for treatment.

TRICARE health benefits will not change during these time periods, for more information call 1-800-333-5311.

The staff also recommends that individuals plan ahead for any prescriptions that may need refilling during these time periods. Active duty military, family members or retiree-beneficiaries who feel they need acute care during the outages should contact their Primary Care Provider through the NHB’s Help Desk at 228-5600.

Active duty personnel and recruits may be seen for acute care at the Branch Medical Clinic during the periods of 7 a.m. – noon June 26 – 27. For access to a Primary Care manager, please call the NHB information desk.